

FORMULAS FOR MEDICAL CONDITIONS (FMC) REQUEST**Complete this form for requests for Formulas for Medical Conditions (FMC):**

- For formulas on food instruments: Nutramigen LIPIL, Alimentum Advance, EnfaCare LIPIL, NeoSure Advance, and PediaSure, please complete sections A and B only. Retain this form in your local agency files. Enfamil AR and Nestle Good Start Supreme do not require completion of this form because they are standard formulas and are not funded by another payer. **Do not fax this form to the State WIC Branch when issuing formulas on FIs.**
- For a formula for a medical condition that is not on food instruments (or for one of the above formulas that is not available in your community), please complete all sections and attach the **DHS 4143/44 and/or prescription**. **Fax both forms to the State WIC Branch at (916) 419-4881.** *Please explain to the participant that it can take 2–3 weeks for the requested formula to arrive at the local agency.* Powdered formula is routinely shipped unless the formula is only available in liquid form.

Date: <input type="checkbox"/> New <input type="checkbox"/> Extension Formula requested:				Log number (BRANCH USE ONLY)	
A. PARTICIPANT INFORMATION					
Participant's name				Date of birth	
Mother's name				Family ID number	
Other formulas tried				Expected duration (<i>maximum 3 months</i>)	
Diagnosis and/or symptoms					
B. SOURCE OF HEALTH CARE/MEDICAL PLAN					
Medi-Cal (Fee-for-service)					
<input type="checkbox"/> Yes <input type="checkbox"/> No If no, why: <input type="checkbox"/> Did not apply <input type="checkbox"/> Application in process <input type="checkbox"/> Denied <input type="checkbox"/> High share-of-cost					
Medi-Cal (Managed care plan)					
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of plan:					
CCS services		Regional Center services		Private insurance	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of insurance:	
Documentation of denial for formula coverage from other sources				Health care provider's name	
<input type="checkbox"/> Yes <input type="checkbox"/> No					
C. SHIPPING INFORMATION (Complete when requesting formula from the State WIC Branch.)					
Local WIC agency name		Agency number		Site name	
Site address (number, street)				City	
				ZIP code	
Contact person		Telephone number ()		Fax number ()	
WIC BRANCH USE ONLY					
Reviewed by			Date		<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Number of cans issued per month			Number of months approved		
Comments:					
D. SIGNATURE CONFIRMING RECEIPT OF FORMULA (Single issue only)					
Parent/Guardian signature for month 1				Date	
Parent/Guardian signature for month 2				Date	
Parent/Guardian signature for month 3				Date	

Formulas for medical conditions (FMC) are not mandated by Federal WIC regulations. The California WIC Program provides FMC based on available funding and secondary to payment by a health care plan.